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ABSTRACT

Considering such factors as disruption of Indian families caused by Anglo educational programs (missionary schools, BIA boarding schools), by Indian relocation programs, and other non-Indian institutions, many of today's abusive and neglectful Indian parents were victims as children in these same institutions. The 9-page information sheet offers a brief listing of factors which might contribute to child abuse and/or neglect among Indian families. They include cycle of violence (parents were abused themselves), social isolation (apart from economic deprivation, removal from extended family and support network); poor parenting skills; economic deprivation; emotional trauma (death in family, divorce, loss of job); guilt (sense of being a poor parent); psychoses; marital problems; personal frustration; too many children; rigid sex roles (relegating all child care and nurturing to women); poor health; and drugs and alcohol. Basic characteristics of the Indian abusive parent are listed to help recognize suspected abuse or neglect: immaturity, associated dependency, low self-esteem, social isolation, reluctance to seek help, self-abusive, non-confrontative, non-interventive, lacks knowledge of child development, uses corporal punishment, self-righteous, and strong belief in the value of punishment. Two examples of Indian families in need are described along with solutions to the problem of abusive parents. (ERB)

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WORKING WITH ABUSIVE/NEGLECTFUL INDIAN PARENTS

Spring 1979 (Revised Spring 1980)

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In the study of child abuse and neglect in the non-Indian world, investigators have so thoroughly researched the history of the family concerning the types of parental models today's child abusers had, that it has become almost a cliche' to say that the child abusers of today were the abused children of yesterday.

A comparison of the Indian family history must go much deeper than that. There is agreement that many Indian child abusers were themselves neglected or abused as children, but there are additional factors impacting on Indian families that must be considered. These include the disruption of Indian families caused by Anglo educational and other programs (missionary schools, BIA boarding schools, etc.), by Indian relocation programs (from region to region, placed on reservations, relocated to urban areas, etc.), and other non-Indian institutions (such as churches). Many of today's abusive and neglectful Indian parents were victims as children in these very same institutions (see separate paper on "The Boarding School Syndrome").

In addition to this unique history of racial and cultural abuse by the dominant white culture, Indian peoples suffer greater economic deprivation, lower per capita income, lower educational achievement rates, poorer housing, higher unemployment, higher rates of alcoholism and suicide, and higher rates of teenage pregnancy. All these factors together cannot help but mitigate child abuse and neglect. Francine Rosenfeld, head of Protective Services in Alexandria, VA., states flatly: "Economic stress has to be such a magnitude these days that families who have the other ingredients for doing things to their kids have to take it out on them. It's a precipitating factor." (Children's Protection Report, April 21, 1980, Vol. VI, No. 8, Washington, D.C.)

In many tribal situations, Indian parents are rarely expected to take on the sole responsibility for child-rearing. Groups of siblings, or cousins, live in close proximity to one another. Elders many times reside with their grown children. And the entire group of parents--aunts, uncles, grandparents--are considered to share the responsibilities of raising all the children in the extended family group. (See separate paper on "The Indian Extended Family and Its Relationship to Parenting.") It is not unusual for children to move from their nuclear family to another within the extended family network. It may be due to a hardship in their immediate family, or

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because a distant relative needs the help of the younger person, or simply the child's own preference. This preference is respected within the Indian extended family concept.

Young Indian parents also count on advice, help and support when their children are born. They don't have to make all parenting decisions alone. And they are not required to make the transition from nonparent to parent status without considerable support and help. When an Indian baby is born, the parents do not lose their own status as children to the grandparents, or neice/nephew to their aunts and uncles. These elders are respected, and offer help without imposing expectations beyond the new parents' experience. In turn, these young parents retain respect and deference for the experience and wisdom of their elders.

Contrast this experience with the expectations on new parents in the Anglo culture. Most non-Indian young adults live separately from their parents. When a baby is born, their status within THEIR family may change drastically, or be expected to change overnight from child to adult, and these expectations may in no way match their ability in parenting skills

As more and more younger Indians begin to adopt Anglo family structures and relationships, and the extended family support network is broken down, the same isolation occurs as with Anglo parents, and isolation and lack of a support network for occasional relief from parenting responsibilities are two of the major factors mitigating child abuse and neglect.

Change is expected from generation to generation in the Anglo culture. whereas Indians value tradition more. This value of change (sometimes called "progress") makes it easy for Anglo social workers to view the removal of Indian children from their homes as in the best interest of the child, when often nothing could be worse for the Indian child. The result of some of these cultural differences is an alarmingly high rate of placement of Indian children in boarding schools or non-Indian foster or adoptive homes (12 times as many Indian children are institutionalized as Anglo children). This placement usually occurs at an early age, during the years when being with their own parents is most important for them to form a healthy concept of themselves as Indians.

The impact of the Indian boarding schools must not be minimized. It was often in such schools that Indian children first were introduced to physical punishment, or even abuse. Also, there was little "mothering" or "nurturing" going on in these rigidly authoritarian institutions. (The same is true today of other kinds of institutions such as some group homes, juvenile detention centers, etc.) Thus there is little example shown of good parenting models.

Most Indian tribal patterns emphasize a learn-by-imitation approach to education, including parenting education. An observer not familiar with this often misinterprets it as overly permissive or neglectful parenting. Experience in Indian boarding schools also developed an over-emphasis on punitive education and rigidness that causes a fear of spoiling a child. It was in the boarding schools that many Indians first experienced physical abuse, in addition to the cultural and emotional abuse such institutions fostered.

Dependency and immaturity that is so prevalent among young Indian parents results from a long history of wardship with the Bureau of Indian Affairs and other governmental and private agencies dealing with Indians as incompetent children, incapable of handling their own affairs. The patronizing paternalism of the system has not helped to develop mature functioning adults, but has perpetuated immaturity and dependency among some Indian populations.

The arbitrariness of Indian programs has also been a factor impacting on the Indian family. Historically, as soon as Indians attempt to be self-determining and self-governing, they find their hands are tied. Everything appears to be imposed on them from an unfriendly system that seems determined to keep them among the most economically deprived in the society. This has tended to create mistrust, hopelessness, a sense of powerlessness, paranoia, anger, frustration, and often leads to such aberrations as child abuse and neglect.

For many years the prevalent feeling about parents who abuse or neglect their children has been shock and anger and a desire to punish them, either by jailing them or taking their children away and placing them in a "good, stable, secure, loving home" (often a non-Indian home). Experience has taught us, however, that such punitive measures do not help stem the rising incidence of child abuse and neglect. We must look at the abusive parent as a victim as well, and think of ways that help and treatment can be provided, rather than punishment, in order to keep the family together. We also see the great damage that has been done to the Indian people as a whole by the wholesale removal of their children.

The table below is a collection of some statistics from a few selected states collected by the American Humane Association:

TEN STATES WITH THE HIGHEST REPORTED RATES OF CHILD ABUSE AND NEGLECT

State	No. of Reports	Population 1975 Estimate	Reports per 1,000 Popul.
Washington	28,826	3,553,231	8.1
Missouri	34,219	4,769,816	7.1
Idaho	5,200	813,765	6.4
Tennessee	22,901	4,174,100	5.5
Wyoming	2,005	376,309	5.3
Utah	6,000	1,202,672	5.0
Wash. D.C.	3,467	711,518	4.9
N.J.	31,647	7,332,965	4.3
S.D.	2,873	682,744	4.2
Kansas	9,226	2,279,899	4.0

* INDIAN FOSTER CARE

THE TEN WORST STATES BY RATE OF INDIAN PLACEMENTS

State	Foster care placements per thousand Indian children	Foster care placements per thousand non-Indian children	Per capita rate of Indians in foster care compared to non-Indians
Idaho	77.5	12.1	640%
Maine	75.8	4.0	1,910%
Minnesota	58.1	3.5	1,650%
Wisconsin	53.5	4.0	1,340%
South Dakota	45.5	2.0	2,240%
Utah	37.2	2.5	1,500%
North Dakota	36.1	1.8	2,010%
Oregon	36.1	4.4	820%
Montana	35.3	2.8	1,280%
Washington	35.0	3.6	960%

*from Indian Family Defense

Fortunately, now our attitude reflects more concern for the parents, and a stronger desire to see that the family can learn to function in a way that it can stay together happily and healthily. Recent statistics have shown that unless the child's life is in danger, it is better to be with their own abusive or neglectful family, than institutionalized. The Indian Child Welfare Act of 1978 is a major step toward eliminating some of these abuses against Indian children by non-Indian groups, and

toward empowering Indian tribes and agencies to develop programs and services relating to the welfare of Indian children.

Following is a brief listing of some factors which might contribute to child abuse and/or neglect among Indian families:

(1) Cycle of violence. The parents were abused themselves as children. The cycle repeats itself. Violence begets violence. What you know is what you do. Abused children grow up to abuse their children in 90% of the cases. The boarding school may have been the precipitating factor in many cases of Indian child abuse and neglect, as it projected itself between the parents and Indian children many years ago, and very few Indian families today are not directly or indirectly "boarding school products". In the Indian communities, experiences in the boarding schools were most likely the Indian child's first experience with abuse and neglect, or the initial experience that is repeated by the children themselves as they become parents.

(2) Social isolation. Perhaps the single most important factor, apart from economic deprivation. Removal from the extended family, absence of a supportive network of people who care about the children AND the parents, often a single parent, can be caused by poverty, but in the case of Indians there are the additional factors of urban relocation and rural reservations that are geographically isolated from many services. The great majority of Indians today either live in remote and barren rural areas, or in ghettos in large cities. Social isolation takes place in both settings; in the former because of its physical distance from other people and from services, the latter because of the loss of contact with their extended families who are often still in rural areas. Economic deprivation contributes to social isolation as well. If there is no money, there is no social outlet, no contact with others. no fun, no interaction with caring people. Sense of loneliness, isolation, depression. Futility of doing it alone. Sexist stereotypes also contribute to this social isolation. If mothers are left to do all the parenting by themselves, because of the attitude that "it's a woman's job", they are doomed to failure. Parenting all alone is an impossible task.

(3) Poor parenting skills. Poor parenting models, disciplining skills, lack of education about child developmental stages, the infant's needs, inappropriate expectations of children, all these contribute to child abuse and neglect. These factors are especially present among teenage parents.

(4) Economic deprivation. The most common cause of neglect is poverty itself. If people can't afford food and clothing, their children go hungry and naked. Inadequate resources means inadequate caring for the child(ren).

(5) Emotional trauma. A death in the family, divorce, loss of a job, often cause severe emotional trauma in families and may

precipitate child abuse and neglect. An adolescent may be arrested for truancy; the parents, angry and frustrated, beat the child. Such external events often may be the "straw" that prompts violent responses.

(6) Guilt. Sense of being a poor parent makes you take it out on the child. Guilt for other activities (drunkenness, etc.) may also be projected onto the innocent child. Anger at the child's innocence in the face of your own shame. Feeling of inadequacy. Low self-concept.

(7) Psychoses. These make up approximately 10% of all abusive parents, and are called "low prognosis categories." They are the least likely to respond successfully to treatment or help, and include such problems as manic depression, paranoid schizophrenia, criminality, acute retardation, etc.

(8) Marital Problems. Conflict in the home. The absence of a marriage partner, the violent presence of a marriage partner (men who batter their wives often batter their children too, and sometimes battered women turn against their children). Arguments and fights between marriage partners often escalate to include children, and may cause emotional abuse even if the children are not physically abused.

(9) Personal frustration. The parent's own needs are not met, so they may resent being expected to meet their children's great needs. They are themselves hungry, lonely, miserable, unloved, bored, limited. It's difficult to meet someone else's needs when your own aren't met. If you're insulted, abused, or degraded all day by other people, it's hard to go home in the evening and be a loving, caring parent.

(10) Too many children. One child is one child. Two is more like five. Five more like fifty. The frustration level increases geometrically as the number of children increase arithmetically. It becomes virtually impossible to be a good parent and to meet all the children's needs when there are too many. One child may become the brunt of release of that frustration, a victim of violence. Usually a personality of one of the children is particularly abrasive to the adults, and that child will be singled out for abuse. Too many children (poor family planning) means too many demands made on the adults, emotionally, financially, and physically.

(11) Rigid sex roles. Attitudes that relegate all child care and nurturing to the women only contribute to the frustration, despair, and anger that can prompt child abuse or neglect. This is especially true if the women are required by the men to "give up all their friends and social outlets" when they marry or have children.

(12) Poor health. Sometimes the parent or parents are bedridden, crippled, disabled in some way. This makes it very difficult to adequately care for a child or children.

(13) Drugs and alcohol. This is another way of saying that the parent is SELF-abusive. A combination of factors may lead the parent(s) into drug and/or alcohol abuse. Drugs and alcohol both mitigate physical abuse and neglect. Alcohol especially tends to escalate violence because of the impact it has on the central nervous system. And addiction to ANY drug means that other aspects of one's life will be badly neglected--such as child care--in order to support the addiction.

In addition to some of the historical and cultural traits among Indians that are detailed more in other papers, there are some basic characteristics of the Indian abusive parent that will help us recognize suspected abuse or neglect:

(1) Immaturity; few skills in parenting

(2) An associated dependency

(3) Low self-esteem (see paper on "Indian Culture and Its Relationship to Child Abuse and Neglect")

(4) Social isolation (see paper on "Indian Extended Family")

(5) Reluctance to seek help (principle of self-reliance)

(6) Self-abusive (drugs, alcohol, life style)

(7) Non-confrontative (a general attitude of not confronting a problem head on--to avoid is to eliminate)

(8) Non-interventive (a philosophy of "live and let live" that will not tolerate others intervening in our lives)

(9) Lack of knowledge about child developmental principles and stages (improper perception of child's needs and abilities)

(10) Lack of information about services and programs available and/or required (such as inoculations, etc.)

(11) Usually use ONLY corporal punishment as a form of discipline, and know about few alternatives to physical punishment

(12) Usually self-righteous (blame the child) and sometimes extremely fanatically religious

(13) Strong belief in the value of punishment (often as a result of boarding school experience) and a related fear of spoiling the child "if you spare the rod"

Combine these characteristics, histories, and experiences, and it is no wonder that it is difficult to assess, diagnose, and treat Indian families involved in child abuse and/or neglect. But sensitization to these factors is the only thing that will enable us to address the problem in any substantial way.

TWO EXAMPLES OF INDIAN FAMILIES IN NEED

The Urban Indian Child Resource Center in Oakland, California studied many of their case histories recently and common features were drawn out and compared. There were two basic types of client families identified:

In the first type, the parents are at risk of losing their children because they cannot meet their basic physical needs. Usually these parents are very young, have just arrived from the reservation or been relocated from a rural area, have few job skills and virtually no urban survival techniques in their repertoire. But perhaps more importantly, they have no extended family, or other support network available to them.

These young parents are in the city because there are no jobs back home. They often have parenting skills which would be sufficient in the supportive environment "back home", but alone in the city they are unable to provide adequate shelter, food, medical care, etc. for their children.

They cannot find work because they haven't received adequate education or training in the reservation schools. Their already lowered self-image suffers further assaults by the repeated failures in the city, and they are left with little sense of competence or self-worth. They often do not know how to obtain welfare or subsidized medical care, are suspicious of all Anglo bureaucratic agencies, and cannot document their need (can't show pay stubs to prove income; can't show rent receipts, utility receipts, etc.). The pressures on this type of family are so acute that without assistance the parents could easily fall into a cycle of despondency, alcoholism, and violence, from which it becomes harder and harder to recover.

The second type of family involves parents, usually single mothers, who have moved from the reservation when they were children in one of the first relocation programs. These young parents are the victims of the institutional neglect which their parents encountered when THEY relocated. That is, their parents arrived in the city and faced the problems outlined for the first type of family. They did not receive the help they needed, and the family gradually dissolved.

The children from each of these types of families need nurturance, physical care, affection, and a community to belong to. The parents need help in establishing a firm base in the city. Parents in the first type of family need to be pulled into a network of support which will break through their social isolation and allow them to retain their Indian child-rearing practices. For the second type of family, there is a need to reteach what has been lost, to relearn the patterns they began with on the reservation.

SOLUTIONS TO THE PROBLEM

Only in recent years have monies been made available nationally to develop model programs of social service delivery to these kinds of families. The National Indian Child Abuse and Neglect Resource Center became fully staffed and operating only in early 1979, and will be developing materials and resources addressing these critical areas.

However, some of the model programs that have been developed for non-Indians can be adapted to conform to the needs of Indian families. We will attempt to introduce you briefly to some of these possible model programs and approaches for treatment and intervention in child abuse and neglect.

The emphasis in many programs is the teaching of basic parenting skills. One facet of this new emphasis is the utilization of community people (often volunteers) who are Indian, and who have successfully made the transition from rural or reservation living to urban living, and can assist new families in their transition phase in the cities. The National Indian Child Abuse and Neglect Resource Center (NICANRC) is developing a Parenting Education Kit for use for and by Indian parents.

The Oakland Center has a Family Support Network (FSN) program, made up of volunteers from the community, who assist families in crisis situations. (See feature article, NICANRC Newsletter, Fall, 1979.) They use homemaker aides, who provide a vital link between the family, the community, and their Center. These persons are para-professionals who have experienced the hardship of raising a family, and they aid the parent who is feeling isolated and alone with child-care duties, household tasks, grocery shopping, budgeting, and developing disciplining skills. Often they help simply by giving a child or parent the warmth and support so vitally needed in an unfamiliar surrounding.

This homemaker works closely with the Family Support Network, and a family representative. She is Indian, has made the rural-to-urban transition successfully, has children of her own, and has received formal training for this work.

Additional programs that might be helpful, both in the urban or rural situation, include:

(1) Parenting classes. Including BOTH PARENTS, and urging the presence of other family members as well.

(2) Indian "Parents Anonymous" groups. Based on the "Parents Anonymous" self-help group therapy approach for parents who know they tend to be abusive or neglectful and wish to do something about it.

(3) Neighborhood Support Network. A group of people who relate to the family (minister, grocer, next-door neighbor, etc.) who serve as a support group for the parents and as friends in emergencies and crises.

(4) Multidisciplinary Medical Teams (SCAN Teams). Examples are the hospital or clinic-based team of professionals trained to recognize indicators of abuse.

(5) Crisis Nurseries. Professional nursery centers where children can be taken by parents on the verge of abuse, left, cared for, and returned when the parent is calmer, no questions asked.

(6) Shelters. For adolescent and teenage children who run away from home because of abuse and/or neglect, or for battered women and their children as a place of refuge.

(7) Hotlines. Crisis counseling over a community hot line, service available 24 hours a day.

(8) Group Homes. For teenage victims of abuse (especially sexual abuse or incest) to have a temporary home-away-from-home while their parents are being treated.

These and other possible approaches and programs aimed at intervening in Indian child abuse and neglect, treating it, and eliminating it, are discussed more fully in separate papers. Also, lists of audio-visual resources on each of these topics are also available.

As more and more Indian tribes and social service agencies take on the responsibility for developing programs to deal with Indian child abuse and neglect, the greater the chance that the Indian family will become more healthy and whole, more united and intact. Without question, this is a goal that each of us must be committed to.